

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10815890**

FILING DATE **3-31-24**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4	1					
5						
6	1					
7						
8						
9						
10	1					
11	1					
12	1					
13						
14						
15						
16						
17	1					
18	1					
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46						
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48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	9					
TOTAL CLAIMS	22					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						